



LAKE COUNTY
FLORIDA

Department of Growth Management
Building Division

APPLICATION FOR REGISTRATION TO LAKE COUNTY

315 West Main St. P.O. BOX 7800
Tavares, FL 32778-7800
(352) 343-9653 Fax (352) 343-9661

Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: () _____ Fax Number () _____
Email Address: _____

I hereby make application for certification to engage in business as _____

Attached are the following documents to complete my certification:

- ___1. Copy of Block examination for competency, and have mailed to the Building Official a letter of reciprocity through which you took a Block Examination. The passing grade for Lake County is 75.0%, and you MUST have taken the Business and Law examination.
- ___2. Give original bond in a sum of \$5,000 conditioned upon compliance with the provisions of the law and all rules, regulations, and codes adopted by the Board of County Commissioners (Bond form attached). If applicable, contractor must sign at principal.
- ___3. An affidavit stating that applicant will not undertake any work outside the scope of the certificate of competency for which he/she is applying.
- ___4. Certificate of insurance to the Board of County Commissioners for commercial general liability in the minimum amount of \$300,000 per occurrence.
- ___5. Certificate of insurance to the Board of County Commissioner that the requirements of the worker's compensation law of Florida have been met, or a copy of the approved DWC-252 exempt form from the State.
- ___6. Copy of current occupational license (from any county or city).
- ___7. Copy of State of Florida Registration Card (If applicable). For details on State Certification contact:

Division of Professions
Construction Industry Licensing Board
1940 N. Monroe St. Northwood Center Tallahassee, FL 32399,
Phone number: (850) 487-1395.
Electrical Board (850) 488-3109
Web site: www.myflorida.com

- ___8. Evidence of registering with the Secretary of State (if using a fictitious name or if incorporated).
- ___9. Copy of driver's license.
- ___10. Check payable to the Board of County Commissioners, or cash, in the amount \$150.00 for two (2) years as required by Lake County, or pro-rated if less than six months before expiration date, if applicable, depending on cycle of when contractor is licensed.

NOTE: All items must be on file in the Lake County Building Services Division before contracting, sub-contracting, or operating a construction industry trade in Lake County, and prior to making application for any form or construction permit. All paperwork must reflect the same information on your state card (i.e., if the state card is issued with a business name, then all documentation submitted must also show the business name).

Signature of applicant: _____
 Date: _____



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SCOPE OF COMPETENCY AFFIDAVIT

Before me this day personally appeared _____, who being first duly sworn, deposes and says: that he or she will not undertake any work which would not have been within the scope of the Certification of Competency for which he or she is applying, and that he or she will comply with all County Regulations applicable to his or her work.

 Signature of Person Making Affidavit

State of Florida

County of Lake

The foregoing instrument was acknowledged before me this ____ day of _____ 20____, by _____ who is personally known to me or has produced _____ as identification and who did ____ or did not ____ take an oath.

(SEAL)

 Notary Public (Signature)

**STATE OF FLORIDA – CONTRACTOR'S BOND**

Original on file with Lake County

BOND NUMBER _____ FOR _____,
CONTRACTOR d.b.a. _____
INSURANCE AGENT _____.

KNOW ALL MEN BY THESE PRESENTS:

That Contractor, _____, as Principal, of
COMPANY NAME _____, and _____, a
corporate surety authorized to do business in the State of Florida (hereinafter called Surety,) are held and
firmly bound unto the Florida Homeowners' Construction Recovery Fund in the penal sum of Five thousand
dollars (\$5,000), are true payment whereof well and truly to be made we do bind ourselves, our respective
heirs, executors, administrators, successors, assigns, jointly and severally, firmly by this bond.

DATED, SEALED, AND SIGNED THIS _____ DAY OF _____

The condition of this bond is such that if the above bound Principal, the said _____ shall protect all
persons suffering any loss or damage occasioned by said Principal failing to comply with any of the
provisions of any state law or rule or municipal or county code applicable to the work performed by said
Principal, or under the direction and supervision of Principal and shall without additional cost to person for
whom any such work is performed, remedy all code defects in said work due to faulty workmanship or
material furnished or used by Principal, and shall reconstruct any such defective work and will replace or
make good any such defective material to the satisfaction of the Building Official having jurisdiction of the
class of work embraced in the code applicable thereto, at any time within one (1) year after the performance
of any such work by Principal, his agents or employees, and within forty-eight (48) hours after notice from
such Building Official to reconstruct, replace or repair the same, then this obligation shall become null and
void, otherwise to remain in full force and effect.

The failure or default on the part of the Principal in remedying any defects in such work due to faulty workmanship, or
incorrect construction or installation, or due to faulty materials furnished or use by said Principal, shall give the person for
whom such work is performed a right of action against the Principal and Surety under this obligation provided, however
that no suit, action or processing by reason of any default shall be brought on this bond after one (1) year from final
completion of work done by Principal for any such person as evidenced by the completion documentation issued by the
building permitting jurisdiction.

The premium anniversary date of this bond shall be October 1 of each year unless terminated by said surety.

PRINCIPAL (LICENSED CONTRACTOR'S SIGNATURE)

**AFFIX INSURANCE
COMPANY SEAL**

SURETY, _____
By _____
ATTORNEY IN FACT OF SURETY

Florida Statutes 489.131 (3) (e) requires that this bond be recognized by reciprocity statewide.
NOTE: This bond must be prepared in the individual contractor's name. You may add the business name if
applicable. Please be sure the bond is properly submitted in the correct name to assure your licensing file is
complete.